

REPRESENTATIVE PAYEE ACCOUNTABILITY
OF
DISCHARGED PATIENTS FROM INSTITUTIONS



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PROBLEM STATEMENT

This project was selected to examine the *effectiveness, efficiency, or flaws that exist* in the activation process for entitlements on a selected number of mental health clients discharged to the community, of which the Mental Health Center (MHC) is serving as the representative payee.

During the mid-nineties the Community Mental Health Center (CMHC) decided to serve as the Representative Payee of entitlements for a limited number of clients upon discharge from state psychiatric inpatient facilities due to the lack of another viable alternative that would not incur a cost for the client. After lengthy periods of institutionalizations, many were dispositioned to alternate living situations in various communities in Orangeburg, Bamberg, or Calhoun counties. A number of persons in psychiatric institutions were targeted for a special project with the objective of providing an array of therapeutic treatment interventions, in conjunction with intensive case management services to help increase the probability of each to sustain tenure in the community without an episode of re-hospitalization after discharge.

Upon discharge many were not able, nor prepared to manage their own entitlements. Suitable family persons were not available or at that time deemed

appropriate as being accountable enough to totally use the patient's resources for their expenses and needs only. Therefore, the agency took on this task as a measure to assure that the lack of an entity to manage a client's finances was not a deterrent or barrier that prevented discharge planning from state psychiatric facilities. This avenue allowed case managers to work closely with persons served to help each who had the capability to work on learning budgeting skills to have involvement in assessing their needs, as well as being privy to how the MHC was addressing payment of basic bills for their care each month.

As a result of this agency's involvement in assisting clients in this manner, the integrity of usage of clients' entitlements is monitored monthly. *See Appendix A*, (Policy for Management of Clients Funds) for a description of the protocol.

Management of entitlements for persons served has afforded each:

- The opportunity to have input into identifying what additional needs they have outside of essential routine expenses that required payment every month
- To feel assured that their financial needs will be promptly addressed every month.
- To have consistency of someone to advocate and assist with updates and/or reporting requirements upon request from the Social Security Administration (SSA). *See Appendixes B* (Code of Federal Regulations 404.2065) and *Appendixes C* (Form SSA-6234-F6 Representative Payee Report)

Problem with management of entitlements for persons served:

- Periodically this agency accepts new referrals that are served by another partnering agency within the MH System that functions as the Representative Payee. On occasion when this occurs, (regardless of the date of the month) the

transfer of entitlements is often times a financial nightmare that often triggers a scenario of insufficient funds, of which the receiving payee is not made aware of by the existing payee prior to the transition of a client to a new setting.

The agency's mission is to support the recovery of people with mental illness. On a limited basis when management of a client's' entitlements is required, this effort provides support for persons served upon which other acceptable options were not available to meet this need. Over the years this trend has changed. There are other resources in the community that are available now of which persons served can elect to choose to function as their Representative Payee. However, there is a fee for this service on average of \$39.00 per month or a deduction of 5% of income per month to manage this task.

Serving as the Representative Payee has allow persons served an opportunity to have a case manager assigned to help develop skills that could enable them to possibly become their own payee one day, contingent upon the level of recovery attained and sustained in the community.

DATA COLLECTIONS

The purpose of data collection will be to define whether the SSA activated entitlement accounts timely and consistently for a limited number of persons served in a specialized program, of which this community mental health system felt it was necessary and was warranted for the agency to act as the representative payee.

The process of data collection included interviewing key managers to draw upon their expertise. I interviewed Kathryn Jeffery, Orangeburg Area Mental Health Center (OAMHC) Program Coordinator, to collect the majority of findings which focused on the

process and procedures for clients discharged from State Psychiatric Inpatient Facilities (SPIF).

Critical factors pertaining to accountability for the initiation of the entitlement package, processing, activation, the time frame it takes for authorization and approval of entitlements was discussed extensively. The role and expectations for the performance of each party (community mental health, the discharging institutions and the local SSA) revealed some satisfactory and unsatisfactory points of contention in relation to the timeliness of clients receiving entitlements.

The outcome of this interview brought into play the following questions that may or may not warrant further investigation to determine if or how any of these factors may play a role in affecting clients' ability to pay for their own care in a timely manner.

- Are applications for entitlements processed timely by the discharging entity (institutions)?
- Are applications when submitted timely on behalf of a client to the SSA processed on the date received?
- Are there problems with staff shortages in the local SSA Office that prevents timely processing of applications?
- Are there incidences of an applicant's application found left on a stack of "to do" pile?
- Are there problems with the turnaround time of notification when insufficient information needs to be addressed to proceed with the processing of an application?
- What's the accountability or "checks" in place by the SSA to assure that when cases are transferred from one provider to another short of 30 or 31 days, that funds remaining are returned to the SSA for re-issued to the client or the client's new representative payee?

I interviewed Sherry Eisom, OAMHC's Nurse Administrator, who also manages and works closely with clients discharged to this specialized mental health community

treatment program, of which financial counseling services are rendered to assist clients with the efficient utilization and management of their funds for needs.

I also consulted with the Administrative Coordinative of the Mental Health Center who is tasked with management of client accounts to ascertain other details regarding accounts managed by the agency (i.e. the timelessness of activation of entitlements upon entry of a new client into the program,) (*See Appendix D*)

A manager of the Social Security Administration, Gloria Pooser, who supervises a portion of the process of discharged clients and their entitlements, was contacted. The purpose of this interview was to gather information regarding why there are often delays in the timeliness of activation of entitlements and/or transfer of entitlements to a new representative payee. It was communicated that the SSA sometimes are not informed of changes in a timely manner to effect activation or transition of client accounts, or the failure of the existing payee to report a change in the recipient status, or delays could be triggered by personnel shortages.

The outcome of the consultation with the SSA suggest that there seems to be no real authority that this entity can enforce to assure that the balance of funds due for reimbursement to the SSA by a current Representative Payee for persons served, are accurate for the current month the change in placement occurs, if barriers presented prove true.

Therefore, this leaves the receiving entity (new Representative Payee) with insufficient funds to pay expenses for room and board for persons served, typically from 2-4 weeks, because such was not returned to the SSA by the prior payee. This is not a common scenario for all entities upon which referral of this nature are received, but this

problem is critical enough because on some occasions the persons served have no other financial support system to intervene to assist with catching up payment for past due room and board expenses.

DATA ANALYSIS

The conclusion of findings from data collected reveals the strengths, weakness or deterrents in the process of getting entitlements activated for persons plagued with mental challenges. This data was collected using twenty-two (22) clients referred for placement in various living situations in the community (*e.g. Community Residential Care Facilities (CRCF), or Homeshare Settings (HS)*), of which the mental health agency acted as the representative payee for clients who were unable to provide this need for themselves without supervision and assistance to address their daily living needs.

A representative payee plays a key role and functions as the managing agent in assisting these individuals with an account of financial expenditures and annual reporting of appropriate usage of clients' entitlements. The payee spends normally (3) three to (5) five hours a day assisting in managing direct deposit checking accounts, inclusive of payment of monthly expenses. Some organizations are reluctant to provide this service because they are concerned about the liability of potential conflict of interest, and the amount of time and effort this service may take.

Tables A, B, and C, below indicate the results of the actual wait time entitlements were received by clients over a seven (7) year period, based upon whether funds were Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or Social Security.

Table A: Data Collection- Discharges from Institutions

Type Entitlements	# of Recipients 7 Yr. Period	Wait Time Before Receiving Entitlements		
		<30 Days	>30 Days	>60 Days
SSI	11	3	4	4
SSDI	1	1	0	0
SS	3	0	2	1
Totals:	15	4	6	5
% of Clients Wait Time		27%	40%	33%

Table B: Data Collection- Discharges from Outpatient MH Residential Treatment Facilities

Type Entitlements	# of Recipients 7 Yr. Period	Wait Time Before Receiving Entitlements		
		<30 Days	>30 Days	>60 Days
SSI	3	1	1	1
SSDI	1	0	1	0
SS	2	0	1	1
Totals:	6	1	3	2
% of Clients Wait Time		17%	50%	33%

Table C: Data Collection- Transfers from a Standard Community RCF

Type Entitlements	# of Recipients 7 Yr. Period	Wait Time Before Receiving Entitlements		
		<30 Days	>30 Days	>60 Days
SSI	1	0	1	0
SSDI	0	0	0	0
SS	0	0	0	0
Totals:	1	0	1	0
% of Clients Wait Time			100%	

The Outcome of Table A reveals that 67% of 15 recipients received entitlements less than 60 days after discharge to a community placement. Findings show that a small percentage of clients who were eligible to receive SSDI during institutionalization incurred a wait time less than 30 days. Contingent upon the date of discharge others may have received Supplemental Security Income (SSI) or Social Security (SS) within or less than 60 days, which is a fairly reasonable turnaround time that presents less of a challenge for clients or the Representative Payee (RP) in managing immediate needs of room and board, medical care, etc. It should be noted the inpatient state psychiatric facilities have an employee designated to function as an "Entitlement Specialist" who serves as a liaison between the hospital and the SSA. This person is accountable for processing application packets and whatever paper work is required to help the client attain eligibility status.

Table B disclosed that 33% of 6 recipients discharged from one community based residential treatment facility to another experienced a "wait time" of more than 60 days in receiving entitlements. This is problematic based on the time it takes for the RCF (RP) to return the balance of funds for clients back to the SSA. It's speculated that this delays the transfer of the balance of funds to the new RP. A delay in the time frame for reporting becomes a deterrent if not expedited. Data does reveal that 67% of recipients "wait time" appears to have been activated efficiently. As a result it's speculated that less barriers existed for clients in addressing their needs.

Table C presents a typical outcome for a person receiving entitlements who reside in a CRCF. In this instance it appears that the time frame for transfer of entitlements from the existing payee to the new RP for the client occurred greater than 30 but less than 60 days.

It's speculated that this may have occurred due to the time of month the client was relocated from one location to another. (i.e. if a recipient moves the middle of a month it is not likely that transfer of entitlements will occur within in the remaining 15 days of that particular month, and therefore processing of the change is not likely to be approved until the beginning of the next month).

IMPLEMENTATION PLAN & RECOMMENDATIONS

I believe that if key executives of the SSA examine and show a willingness to evaluate the results of outcomes of external/internal surveys such could reveal important information relevant to the timelessness of activation of entitlements, and crucial information regarding customer satisfaction, complaints or barriers.

I think this process could possibly shed light upon operational practices that may require reconstructing to better serve the needs for the disabled with minimal delays in getting their monies.

To improve the process the following needs to occur:

- Each party involved (institution(s), CRCF, SSA) should name a key contact person to troubleshoot problems or concerns when assisting clients with activation of entitlements
- The SSA should implement the practice of perhaps a "30 Day Case Review" to assure that any unfinished business has been resolved.
- Establish a written protocol for representative payees that stipulate a time line for return of resources to the SSA when giving up payee ship for a recipient

My findings indicate that the RP regardless of whether a client is placed from an institution, or transferred from another community entity, will become tasked with the obligation of securing other community resources for a client until the SSA authorizes or redistributes entitlements. Undoubtedly this is a difficult task when many of the community options that aid the needy, may be short of resources or funding to provide assistance. Therefore based on the agency's mission statement and values, the person served become a priority based on what's warranted to help the client remain in the community. On occasions this has led to providing coverage for the cost of room and board, food, medications, and transportation.

Figures gathered for Fiscal Year 2013 showed that the agency allocated more than \$3,000 of the clients' room and board and medications. *(See Appendix E)*

Recommendation For Implementation:

All entities must function as partners; communicate and initiate any change in the status of a recipient, (i.e. re-activations, or transfer of entitlement status, activation of first time approval for entitlements, or redistribution of entitlement) and act swiftly to resolve.

EVALUATION METHOD

To adequately determine the effectiveness, and efficiency of the timelessness to received entitlements, all entities should work together for the best interest of the clients by:

- 1) *Institutions* - target clients applicable for pre-discharge planning and initiate the application process for entitlements 30-60 days prior to discharge. This will

increase the likelihood for authorization of the eligibility status of a client upon discharge.

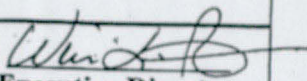
- 2) *SSA* - a SSA-RP should be assigned to render community outreach services for conduction of routine assessments. This will help determine whether appropriate utilization of entitlements are used efficiently by the responsible payees for clients, and could perhaps educate RP further about compliance.
- 3) *Agency* - formulate a list and forward to a SSA contact person to keep this entity abreast of applicants pending of which no notification of the activation of entitlements has been received. This will perhaps, ultimately improve communication and foster a better partnership between entities in serving the needs of those with emotional/mental challenges.

SUMMARY

In order to continue to provide program integrity and accountability of the entitlement process for clients, we must continue to ADVOCATE on their behalf with the SSA to emphasize the importance of timeliness and due diligence in addressing their needs.

Improving partnerships amongst all agencies involved could only effect positive changes or improvements in the process. I believe with additional support from all entities we can implement a better process that would minimize deficits and flaws, and possibly change the culture of the system that will allow an improved level of efficiency to emerge.

ORANGEBURG AREA MENTAL HEALTH CENTER

Policy Name: Management of Client Funds	
Policy #101	Approved By:  Executive Director
Effective Date: June 4, 2004	Approval Date: June 4, 2004
Revision Date:	Review Date: 06/30/05, 06/23/06, 12/06/07, 12/9/08, 11/30/09, 12/09/2010, 7/29/2011, 7/31/2012

TITLE: Management of Client Funds

PURPOSE: The purpose of this policy is to define the scope of funds management offered by Orangeburg Area Mental Health Center (OAMHC) to its clients.

PROCEDURE:

- A. **Client consent for funds expenditures.**
OAMHC will receive authorization from the Social Security Administration, South Carolina Department of Mental Health, TLC supervisor, Entitlement Specialist, or CSP coordinator. At the direction of OAMHC and SC Department of Mental Health physician or counselor, OAMHC will assume payee responsibilities for the client's monthly expenses and will disburse payment for approved expenses.
- B. **Clients access to funds records**
Client account's statements are filed at OAMHC and available for review upon request by the client.
- C. **How funds will be segregated for accounting purposes**
Each client has an account set up in their name. Accounts are independent of OAMHC accounts.
- D. **Safeguards to ensure funds are used for the designated and appropriate purposes**
All checks drawn on client accounts are counter-signed.
- E. **Crediting of interest to clients accounts**
Accounts earning interest have the interest reflected on the account statement issued by the bank.

Social Security

Official Social Security Website



Code of Federal Regulations

§ 404.2065. How does your representative payee account for the use of benefits?

Your representative payee must account for the use of your benefits. We require written reports from your representative payee at least once a year (except for certain State institutions that participate in a separate onsite review program). We may verify how your representative payee used your benefits. Your representative payee should keep records of how benefits were used in order to make accounting reports and must make those records available upon our request. If your representative payee fails to provide an annual accounting of benefits or other required reports, we may require your payee to receive your benefits in person at the local Social Security field office or a United States Government facility that we designate serving the area in which you reside. The decision to have your representative payee receive your benefits in person may be based on a variety of reasons. Some of these reasons may include the payee's history of past performance or our past difficulty in contacting the payee. We may ask your representative payee to give us the following information:

- (a) Where you lived during the accounting period;
- (b) Who made the decisions on how your benefits were spent or saved;
- (c) How your benefit payments were used; and
- (d) How much of your benefit payments were saved and how the savings were invested.

[69 FR 60235, Oct. 7, 2004, as amended at 71 FR 61408, Oct. 18, 2006]

Representative Payee Report

FORM APPROVED
OMB NO. 0960-0691

PAYEE'S NAME AND ADDRESS		REPORT PERIOD		SOCIAL SECURITY NUMBER					
		FROM:	TO:						
		BENEFICIARY							
		FP							
		ID	BIC	D	TP	CC	GS	PC	DOC
		CF	TAA	PF	BSSN	FFS	DAA	MFA	

Please review the above address and correct if necessary.

This report is about the benefits you received for the beneficiary during the report period shown above. Please read the enclosed instructions before completing this form to help you answer each question.

1.	Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Benefits paid to you during the report period = \$ _____ Benefits you reported as saved on last year's report = \$ _____ Total Accountable Amount = \$ _____		
A.	Did you (the payee) decide how the total accountable amount was spent or saved? _____ If NO, please explain in REMARKS on the back of this form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B.	Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided during the report period? _____ If YES, how much of the total accountable amount did you collect from the beneficiary for these services during the report period? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		DOLLAR AMOUNT (NO CENTS) [][][] , [][][]	
C.	How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period? _____	[][][] , [][][]	
D.	How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period? _____	[][][] , [][][]	
E.	How much, if any, of the total accountable amount did you save for the beneficiary as of the last month in the report period? If none show zeros. _____	[][][] , [][][]	

HOW TO FILL OUT THE FORM

**QUESTION 1 -
Beneficiary
Custody
Changes**

Place an "X" in the "YES" box if the beneficiary continued to live alone, or with the same person, or in the same institution during the entire report period. Place an "X" in the "NO" box if different people or different institutions took care of the beneficiary during any part of the report period. Explain the change and provide the beneficiary's current address under REMARKS.

**QUESTION 2 -
Accounting
For Benefits**

The total accountable amount includes the benefits you received during the report period **plus** any benefits you reported as saved on last year's report.

**A. Who Decided
How Benefits
Were Used?**

Place an "X" in the "YES" box if **you** (the payee) decided how the benefits were spent or saved. Place an "X" in the "NO" box if the beneficiary or someone else decided how to use the money, and explain under REMARKS.

**3. Did You
Charge A Fee?
And
How Much Did
You Collect?**

Place an "X" in the "YES" box if you charged the beneficiary a fee for payee or guardianship services you provided during the report period and show the total amount of benefits you collected from the beneficiary. If you did not charge the beneficiary a fee, place an "X" in the "NO" box and go to 2.C. below.

**2. Food and
Housing**

Show the total amount of benefits spent for food and housing for the beneficiary during the report period.

**1. Personal
Items**

Show the total amount of benefits spent on clothing, medical/dental care, education, and recreational items like toys, movies, cameras, radios, candy, stationary, grooming aids, etc. during the report period. **Note:** If the beneficiary lives in an institution or other care facility, you should spend at least \$360 a year for the beneficiary's personal needs. If you spent less than \$360, explain under REMARKS.

**2. Unused
Benefits**

Show the total amount of benefits you have saved for the beneficiary at the end of the report period, including any interest earned. Show zeroes if you did not save any of the benefits.

**QUESTION 3 -
Savings Information**

Answer this question if you showed an amount in 2E.

**A. Type Of
Account**

Place an "X" in the box which shows how you are saving the benefits. Place an "X" in the "Other" box if your method of saving the benefits is not listed.

**B. Account
Title**

Place an "X" in the box which most accurately describes the wording of the account title you have on the beneficiary's savings. Place an "X" in the "Other" box if the account title is different **or** if you have not placed the savings in any type of account.

**QUESTION 4 -
Other Savings/
Account Titles**

Answer this question only if you checked "OTHER" in 3A. or 3.B.

**. Type Of
Account**

Indicate whether the saved benefits are in cash, Treasury Bills, or some other investment such as mutual funds. For mutual funds, be sure to show the name of the fund in your response (e.g., "XYZ Growth" mutual fund).

**B. Title Of
Account**

Show the title of the account if the savings are in an account or other investment. Show "none" if the savings are not in an account or investment.

**5. Payee's
Signature**

Sign your name in this block. If the payee is an organization, an authorized person must sign the form. This includes the signature of those employees designated to complete the report on behalf of the payee.

**6. Relationship
To The
Beneficiary**

Show your relationship to the beneficiary. If you are the beneficiary's court-appointed legal guardian, show "legal guardian." If you represent an organization, show your job title (e.g., administrator, bookkeeper, etc.).

Your Responsibilities As Representative Payee

We appreciate your services as representative payee. As payee, you must use the Social Security and/or SSI benefits you receive for the care and well being of the beneficiary. You need to know the beneficiary's needs so that you can use the money properly.

In addition to reporting on the use of benefits, you must report any changes which may affect the beneficiary's eligibility for benefits, or the payment amount. You should report the changes as soon as possible by calling SSA at 1-800-772-1213, or by calling or writing your local SSA office. For example, you must tell us if the beneficiary:

- dies,
- moves (especially if he/she enters or leaves a hospital or other institution),
- marries,
- starts or stops working,
- is imprisoned,
- is adopted,
- no longer needs a payee, or
- you are no longer responsible for the beneficiary.

If you are payee for a child receiving SSI benefits, we may ask you for proof that the child is receiving medical treatment for his/her disabling condition. We may ask for this information at the time we review the child's case. If we do ask for this information, you must give it to us.

The Privacy Act And Paperwork Reduction Act Statements

We are required by sections 205(c) and 631(a) of the Social Security Act to ask you to complete this report. The information you provide enables SSA to account for the beneficiary's payments and ensures that beneficiary needs are being met. If you do not complete and return this report, we may not be able to continue sending the beneficiary's payments to you.

The law sometimes requires us to give out the facts on this form without your consent. The information must be released to another person or government agency if Federal law requires the information for research and audits in order to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the necessary facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235. Send only comments relating to our time estimate to this address, not the completed form.*

If You Have Any Questions

If you have any questions, please call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please use the 800 number and we will give you the address and telephone number of the office nearest you. Please take this report with you if you visit an office.

APPENDIX D

Clients Discharged From Institutions

CLIENTS	ENTITLEMENTS	DATE DISCHARGED	DATE ENTITLEMENTS RECEIVED
Client A	SSI	01/03/06	02-16-06
Client B	SSI	10-03-06	12-01-08
Client C	SSDI	10-15-09	10-19-09
Client D	SSI	11-02-09	12-09-09
Client E	SSI	10-26-11	12-02-11
Client F	SSI	04-09-13	07-11-13
Client G	SSI/SS	12-13-06	02-02-06
Client H	SSI	03-26-07	05-11-07
Client I	SSI	07-01-08	07-16-08
Client J	SS	04-09-13	05-20-13
Client K	SSI	01-25-07	07-02-13
Client L	SSI	10-06-09	11-03-09
Client M	SSDI	04-04-09	05-21-09
Client N	SSI/SS	09-08-11	10-12-11
Client O	SSI	11-20-08	12-16-08

Discharges From Outpatient Mental Health Residential Treatment Facilities

CLIENTS	ENTITLEMENTS	DATE DISCHARGED	DATE ENTITLEMENTS RECEIVED
Client Q	SSI/SS	03-29-12	05-02-12
Client R	SSI	03-15-12	06-05-12
Client S	SSI	01-26-06	02-16-06
Client T	SS	04-10-12	07-03-12

Transfers From Standard Community Residential Care Facilities

CLIENTS	ENTITLEMENTS	DATE DISCHARGED	DATE ENTITLEMENTS RECEIVED
Client U	SSI	10-20-06	11-30-06

APPENDIX E

The data above addresses expenses paid for clients out of MHC Budget for case services.

Type Housing	Cost Incurred for Clients With Insufficient Funds To Pay Room/Board	Cost Incurred for Clients With Insufficient Funds To Pay for Medication(s)
CRCF #1	\$586.32	\$ 76.82
CRCF #1	\$641.95	\$ 97.10
CRCF #1	\$359.86	\$ 97.10
CRCF #2	\$369.81	\$176.03
CRCF #2	\$566.00	
CRCF #2	\$483.00	
CRCF #3		\$211.35
Homeshare		\$173.23
Cost / Need Identified	\$ 3,006.94	\$ 831.63
Total Cost To The Agency	\$3,838.57	

ANCRONYMS

Agency	South Carolina Department of Mental Health
CMHC	Community Mental Health Center
CRCF	Community Residential Care Facility
HS	Homeshare
OAMHC	Orangeburg Area Mental Health Center
RP	Representative Payee
SPIF	State Psychiatric Inpatient Facilities
SS	Social Security
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income

